

IOWA MEDICAID

IOWA PLAN FOR BEHAVIORAL HEALTH

Proposal for a Section 1915(b) Capitated Waiver Program Waiver Renewal Submittal

May 2003

Section H. ENROLLEE INFORMATION AND RIGHTS

Section H. ENROLLEE INFORMATION AND RIGHTS

This section describes the process for informing enrollees and potential enrollees about the waiver program, and protecting their rights once enrolled. Marketing materials (e.g., billboards, direct mail, television and radio advertising) are addressed above in Section A (see A.IV.a).

I. Information – Understandable; Language; Format

Previous Waiver Period

- a. [Required] Please provide copies of the brochure and informational materials for potential enrollees explaining the program and how to enroll.

RESPONSE

The State does not hold the PIHP responsible for enrollment. Enrollment is automatic and mandatory for Medicaid beneficiaries who are not excluded from enrollment. The State Medicaid eligibility system automatically generates enrollment when Medicaid eligibility is initially identified for each month.

Upcoming Waiver Period -- This section describes how the State ensures information about the waiver program is understandable to enrollees and potential enrollees. Please check all the items that apply to the State or MCO/PIHP/PAHP. Items that are required have “[Required]” in front of them. Checking a required item affirms the State’s intent to comply. If the State does not check a required item, please explain why.

- a. X [Required] The State will ensure that materials provided to potential enrollees and enrollees by the State, the enrollment broker, and the MCO/PIHP/PAHP are in a manner and format that may be easily understandable.

RESPONSE

The Iowa Plan PIHP is responsible for informational material explaining the program. An informational packet is mailed to all new enrollees upon determination of enrollment. The informational packet includes a handbook with information regarding client rights and responsibilities and a provider directory. The handbook was reviewed by the Consumer, Family Member, Advocate Roundtable during its development. This book is available for distribution to any potential Iowa Plan client, parents, guardians or other persons upon request and includes the following information:

- **The brochure language is sensitive to not imply that persons who are enrolled “should” have mental health care or substance abuse treatment and begins with “If You Need Us---For many, it’s hard to imagine ever needing help for mental health or substance abuse problems. For others, those needs are very real and it’s hard to know where to turn for help. While you may never have mental health or substance abuse problems, it is your right to know what services are available to you, if you should need help.”**
- **Describes the Iowa Plan and the staff who are trained and experience mental health and substance abuse professionals who understand the impact these problems can have on one’s life that are available to assist enrollees.**
- **Lists the toll free, 24-hour, 1-800-number to call with any question and the TDD toll free number.**
- **Lists the types of providers who are available through the Iowa Plan. (A full list of providers name, address, phone numbers is also included in the packet.)**
- **Lists services covered under Iowa Plan. Also lists services not covered by Iowa Plan and offers the Iowa Plan toll free number to call if the reader is not certain if a service is covered or not and offers guidance for accessing services not covered.**

- Explains how to get care or choose a provider. Explains that there are many providers throughout the state and the beneficiary has a choice of Iowa Plan providers. Explains that the beneficiary can go directly to a provider, or may call Iowa Plan for a list of providers who would meet their needs.
- Instructs the client to not delay, to go to an emergency room or call their doctor or provider if they have a mental health or substance abuse condition that is life threatening or requires emergency care.
- Offers assistance if the beneficiary prefers a male or female provider or a provider from a different cultural background.
- Explains the beneficiary's right to change providers.
- Instructs a new enrollee who is already in treatment with a non-network provider that they may request their provider join the Iowa Plan – or they will need to change to an Iowa Plan provider. *(Iowa Plan will allow non-network providers to continue to serve new enrollees at the request of the enrollee or provider.)*
- List enrollees' rights to privacy, to be treated with dignity, to be provided with information, to not be discriminated against.
- Instructs an enrollee how to make a complaint to the Iowa Plan and how to file an appeal (fair hearing) with the State.

The State does not hold the PIHP responsible for enrollment. Enrollment is automatic and mandatory for Medicaid beneficiaries who are not excluded from enrollment. The State Medicaid eligibility system automatically generates enrollment when Medicaid eligibility is initially identified for each month.

The State provides informational material to Medicaid applicants or anyone inquiring about the Medicaid program. Information on the Iowa Plan is included in that handbook, **YOUR GUIDE TO MEDICAID**, which is provided in response to inquiries or requests for application, along with four other informational brochures. Translated versions of these brochures provide information regarding beneficiaries' rights and responsibilities, how to file an appeal (fair hearing), how to access Medicaid services, what to do if there are problems, how to use the 24-hour toll free Medicaid hot line to obtain information or ask questions, and an explanation of each covered Medicaid benefit and any co-pay or limitations for those services in the fee-for-service system. In addition to the general information, the brochure **YOUR GUIDE TO MEDICAID** provides the following information specific to the Iowa Plan:

- The monthly Medicaid card mailed to each Medicaid beneficiary each month will designate whether the person is enrolled with the Iowa Plan and will list an 1-800-number to call if the beneficiary (or applicant) has any questions.
- Most Medicaid beneficiaries will be enrolled with the Iowa Plan.

- List the toll free, 24-hour 1-800-number for the Iowa Plan.
- The brochure language is sensitive to not imply that persons who are enrolled “should” have mental health care or substance abuse treatment and explains to enrollees that “while (they) may never need mental health or substance abuse care, it is their right to know how to access these Medicaid benefits if (they) are enrolled in the Iowa Plan”.
- Notifies the applicant that they will receive a packet of information about the Iowa Plan shortly after enrollment.
- Describes that beneficiaries may access mental health and substance abuse services by calling the toll free number for a list of providers or may go directly to a provider to get care, as most mental health providers and substance abuse treatment providers are part of the Iowa Plan. If the provider is not part of the Iowa Plan, the beneficiary may get a referral to another provider or have their provider join the network.
- How to access emergency services without referral or prior authorization.

See attachment at H Appendix for a copy of the brochure, **IF YOU NEED US, THE IOWA PLAN IS HERE.**

See attachment at H Appendix for a copy of the brochure, **YOUR GUIDE TO MEDICAID.**

- b. ___** Potential enrollee and enrollee materials will be translated into the prevalent languages listed below (If the State does not require written materials be translated, please explain):

The State defines prevalent non-English languages as: (check any that apply):

1. **X** Spoken by significant number of potential enrollees and enrollees .
2. ___ The languages spoken by approximately ___ percent or more of the potential enrollee/enrollee population.
3. ___ Other (please explain):

RESPONSE:

State’s Medicaid eligibility materials are translated into Spanish.

- c. X** [Required] Oral translation services are available to all potential enrollees and enrollees, regardless of languages.

RESPONSE:

The Iowa Plan PIHP assures that all non-English, or limited English speaking clients receive appropriate services and information. While a limited number of the PIHP staff speak Spanish, PIHP staff use Pacific Interpreters services to facilitate communication with non-

English speaking persons. The interpreter talks with both the caller and the PIHP staff member. Over one hundred languages are available. (Utilization of the interpreter line is reported quarterly in the QI report, section I. During the last quarter of 2002, the PIHP used the services with 24 enrollees, one Bosnian-speaking caller and 23 Spanish-speaking callers.)

- d. X [Required] The State will have a mechanism in place to help enrollees and potential enrollees understand the managed care program. Please describe.

RESPONSE:

The Iowa Plan PIHP assures that all non-English, or limited English speaking clients receive appropriate services and information. While a limited number of the PIHP staff speak Spanish, PIHP staff use Pacific Interpreters services to facilitate communication with non-English speaking persons. The interpreter talks with both the caller and the PIHP staff member. Over one hundred languages are available. (Utilization of the interpreter line is reported quarterly in the QI report, section I. During the last quarter of 2002, the PIHP used the services with 24 enrollees, one Bosnian-speaking caller and 23 Spanish-speaking callers.)

- e. X [Required] Each MCO/PIHP will have a mechanism in place to help potential enrollees and enrollees understand the requirements and benefits of the plan. Please describe.

RESPONSE:

The Iowa Plan PIHP assures that all non-English, or limited English speaking clients receive appropriate services and information. While a limited number of the PIHP staff speak Spanish, PIHP staff use Pacific Interpreters services to facilitate communication with non-English speaking persons. The interpreter talks with both the caller and the PIHP staff member. Over one hundred languages are available. (Utilization of the interpreter line is reported quarterly in the QI report, section I. During the last quarter of 2002, the PIHP used the services with 24 enrollees, one Bosnian-speaking caller and 23 Spanish-speaking callers.)

- f. ____ The State's and MCO/PIHP/PAHP information materials are available in alternative formats that takes into consideration the special needs of those, for example, with visual impairments.

II. Potential Enrollee Information

Upcoming Waiver Period -- This section describes the types of information given to enrollees and potential enrollees. Please check all that apply. Items that are required have "[Required]" in front of them. Checking a required item affirms the State's intent to comply. If a required item is not checked, please explain why.

a. X [Required] Timing. The State or its contractor will provide the required information:

- (i) at the time the potential enrollee becomes eligible to enroll in a voluntary program, or is first required to enroll in a mandatory program.
- (ii) Within a timeframe that enables the potential enrollee to use the information in choosing among available MCOs/PIHPs/PAHPs.

RESPONSE

The State does not hold the PIHP responsible for enrollment. Enrollment is automatic and mandatory for Medicaid beneficiaries who are not excluded from enrollment. The State Medicaid eligibility system automatically generates enrollment when Medicaid eligibility is initially identified for each month.

The Iowa Plan PIHP is responsible for informational material explaining the program. An informational packet is mailed to all new enrollees upon determination of enrollment. The informational packet includes a handbook with information regarding client rights and responsibilities and a provider directory. The Iowa Plan PIHP is required to mail the information packet within 10 business days of notification of enrollment. Per the October-December 2002 Quality Improvement Report and the December 2002 Performance Indicators report, the packet is been mailed within 2.6 days of enrollment notification.

b. Content The State and/or its enrollment broker provides the following information to potential enrollees.

- 1.____ Every new enrollee will be given a brief in-person presentation describing how to appropriately access services under the managed care system and advising them of enrollees' rights and responsibilities
- 2.____ An initial notification letter
- 3.____ A form for enrollment in the waiver program and selection of a plan

- 4.____ Comparative information about plans
- 5.____ Information on how to obtain counseling on choice of MCOs/PIHPs
6. X A new Medicaid card which includes the plan's name and telephone number or a sticker noting the plan and/or PCP's name and telephone number to be attached to the original Medicaid card (please specify which method);
- 7.____ A health risk assessment form to identify conditions requiring immediate attention.
8. X [Required] General information about:
- (i) X Basic features of managed care;
 - (ii)____ Which populations are excluded from enrollment, subject to mandatory enrollment; or eligible for voluntary enrollment
 - (iii)____ MCO/PIHP/PAHP responsibilities for coordination of care

RESPONSE

The Iowa Plan PIHP is responsible for informational material explaining the program. An informational packet is mailed to all new enrollees upon determination of enrollment. The informational packet includes a handbook with information regarding client rights and responsibilities and a provider directory. The handbook was reviewed by the Consumer, Family Member, Advocate Roundtable during its development. This book is available for distribution to any potential Iowa Plan client, parents, guardians or other person upon request and includes the following information:

- **The brochure language is sensitive to not imply that persons who are enrolled “should” have mental health care or substance abuse treatment and begins with “If You Need Us --- For many, it’s hard to imagine ever needing help for mental health or substance abuse problems. For others, those needs are very real and it’s hard to know where to turn for help. While you may never have mental health or substance abuse problems, it is your right to know what services are available to you, if you should need help.”**
- **Describes the Iowa Plan and states that the staff who are available to assist enrollees are trained and experience mental health and substance abuse professionals who understand the impact these problems can have on one’s life.**
- **List the toll free, 24-hour, 1-800-number to call with any question and the TDD toll free number.**
- **List the types of providers who are available through the Iowa Plan. (An full list of providers name, address, phone numbers is also included in the packet.)**

- Lists services covered under Iowa Plan. Lists services not covered by Iowa Plan and offers the Iowa Plan toll free number to call if the reader is not certain if a service is covered or not and offers guidance for accessing services not covered.
- Explains how to get care or choose a provider. Explains that there are many providers throughout the state and the beneficiary has a choice of Iowa Plan providers. Explains that the beneficiary can go directly to a provider, or may call Iowa Plan for a list of providers who would meet their needs.
- Instructs the client to not delay, to go to an emergency room or call their doctor or provider if they have a mental health or substance abuse condition that is life threatening or requires emergency care.
- Offers assistance if the beneficiary prefers a male or female provider or a provider from a different cultural background.
- Explains the beneficiary's right to change providers.
- Instructs a new enrollee who is already in treatment with a non-network provider that they may request their provider join the Iowa Plan – or they will need to change to an Iowa Plan provider. (*Iowa Plan will allow non-network providers to continue to serve new enrollees at the request of the enrollee or provider.*)
- Lists enrollees' rights to privacy, to be treated with dignity, to be provided with information, to not be discriminated against.
- Instructs an enrollee how to make a complaint to the Iowa Plan and how to file an appeal (fair hearing) with the State.

Enrollment is automatic and mandatory for Medicaid beneficiaries who are not excluded from enrollment. The State Medicaid eligibility system automatically generates enrollment when Medicaid eligibility is initially identified for each month.

The State provides informational material to Medicaid applicants or anyone inquiring about the Medicaid program. Information on the Iowa Plan is included in that handbook, **YOUR GUIDE TO MEDICAID**, which is provided in response to inquiries or requests for application, along with four other informational brochures. Translated versions of these brochures provide information regarding beneficiaries' rights and responsibilities, how to file an appeal (fair hearing), how to access Medicaid services, what to do if there are problems, how to use the 24-hour toll free Medicaid hot line to obtain information or ask questions, and an explanation of each covered Medicaid benefit and any co-pay or limitations for those services in the fee-for-service system. In addition to the general information, the brochure **YOUR GUIDE TO MEDICAID** provides the following information specific to the Iowa Plan:

- The monthly Medicaid card mailed to each Medicaid beneficiary each month will designate whether the person is enrolled with the Iowa Plan and will list an 1-800-number to call if the beneficiary (or applicant) has any questions.
- Most Medicaid beneficiaries will be enrolled with the Iowa Plan.
- List the toll free, 24-hour 1-800-number for the Iowa Plan.
- The brochure language is sensitive to not imply that persons who are enrolled “should” have mental health care or substance abuse treatment and explains to enrollees that “while (they) may never need mental health or substance abuse care, it is their right to know how to access these Medicaid benefits if (they) are enrolled in the Iowa Plan”.
- Notifies the applicant that they will receive a packet of information about the Iowa Plan shortly after enrollment.
- Describes that the beneficiaries may access mental health and substance abuse services by calling the toll free number for a list of providers or may go directly to a provider to get care, as most mental health providers and substance abuse treatment providers are part of the Iowa Plan. If the provider is not part of the Iowa Plan, the beneficiary may get a referral to another provider or have their provider join the network.
- How to access emergency services without referral or prior authorization.

See attachment at H Appendix for a copy of the brochure, **IF YOU NEED US, THE IOWA PLAN IS HERE.**

See attachment at H Appendix for a copy of the brochure, **YOUR GUIDE TO MEDICAID.**

9. **X** [Required] Specific information about each MCO/PIHP/PAHP (a summary may be provided, but State must provide detailed information upon request):
- (i) **X** Benefits covered
 - (ii) Cost sharing (if any) **No cost sharing with the Iowa Plan.**
 - (iii) **X** Service area
 - (iv) **X** Names, locations, telephone numbers of, and non-English language(s) spoken by contracted providers, and identification of providers not accepting new patients (at a minimum: primary care physicians, specialists, and hospitals)
 - (v) **X** Benefits available under state plan but not covered contract, including how and where to obtain; cost sharing; and how transportation provided. For counseling/referral service that MCO/PIHP/PAHP does not provide, State must provide information.

10. ___ Other items (please explain):

III. Enrollee Information

a. The State has designated the following as responsible for providing required information to enrollees:

- (i) ___ the State or its contractor
- (ii) X the MCO/PIHP/PAHP

b. X **[Required] Timing.** The State, its contractor, or the MCO/PIHP/PAHP must provide the information to enrollees as follows:

1. X For new enrollees, all required information within a reasonable time after the MCO/PIHP/PAHP receives notice of beneficiary's enrollment.

2. ___ For existing enrollees:

- (A) State must notify of disenrollment rights at least annually, and if there is a lock-in, by no less than 60 days before the start of each enrollment period.
- (B) Notify all enrollees of right to request and obtain required information at least once a year.
- (C) Provide written notice of any significant change in required information
- (D) MCO/PIHP/PAHP will make a good faith effort to give written notice of termination of contracted provider within 15 days after receipt of termination notice, to each enrollee who received primary care from, or was seen on regular basis by, terminated provider.

RESPONSE

The PIHP issues an annual newsletter to all enrollees. See Appendix H for copy of the 2003 Newsletter.

Enrollment is automatic and mandatory for Medicaid beneficiaries who are not excluded from enrollment. The State Medicaid eligibility system automatically generates enrollment when Medicaid eligibility is initially identified for each month. Enrollment is based on Medicaid eligibility, if a client loses Medicaid eligibility, they are informed of the ineligibility with timely and adequate notice as required in accordance with rules for the Medicaid eligibility. The notice is "timely" when the notice is mailed at least ten calendar days before the date the action becomes effective. The timely notice period begins on the day after the notice is mailed. An adequate notice is a written notice that includes, the action taken and the reasons for the

action, the DHS Employees' manual chapter number and subheading describing the policy basis for the action, the administrative rule reference, information regarding the client's right to request a fair hearing, information that assistance may be continued if an appeal is filed, if applicable and the effective date of the intended action, if applicable.

(c) X [Required] Content: The State, its contractor, or the MCO/PIHP/PAHP will provide the following information to all enrollees:

- (i) X Benefits covered
- (ii) Cost sharing **There is no cost sharing within the Iowa Plan.**
- (iii) X Individual provider information -- name, location, telephone, non-English languages, not accepting new patients (for MCO, PIHP, PAHP must include at a minimum PCPs, specialists, hospitals)
- (iv) X Benefits available under state plan but not covered under contract, including conscience clause
- (v) Restrictions on freedom of choice within network **The only restriction with the network is based on the appropriate level of care to meet the enrollee's needs.**
- (vi) X Enrollee rights and protections
- (vii) X Procedures for obtaining benefits
- (viii) X Extent to which benefits may be obtained out of network (including family planning)
- (ix) X Which and how after hours and emergency care are provided including
 - Definition of emergency medical condition, emergency services, and post-stabilization services
 - No prior authorization for emergency services
 - Procedure for obtaining emergency services
 - Location of emergency settings
 - Right to use any hospital for emergency care
 - (x) Post-stabilization rules
 - (xi) Referral for specialty care
 - (xii) [Optional] PAHP grievances procedures if available (if PAHP makes available, need to describe to enrollees)
 - (xiii) State fair hearing rights
 - Right to hearing
 - Method for obtaining hearing
 - Rules governing representation at hearing
 - (xiv) MCO/PIHP grievance, appeal, and fair hearing procedures and timeframes, including :

- Right to file grievances and appeals
 - Requirements and timeframes for filing grievance or appeal
 - Availability of assistance in filing process
 - Toll-free number to file grievance or appeal by phone
 - Continuation of benefits, including
 - Right to have benefit continued during appeal or fair hearing
 - Enrollee may have to pay for cost of continued services if decision is adverse to enrollee
 - Any appeal rights State makes available to provider
- (xv)___Advance directives
 (xvi)___Physician incentive plan information upon request
 (xvii)___Information on structure/operation of plan, upon request

RESPONSE

Family planning services remain available in the fee-for-service Medicaid program and are not a covered benefit under the waiver. Enrollees are informed that Iowa Plan covers only mental health and substance abuse treatment services. Other Medicaid services, including family planning services remain available through fee-for-service Medicaid and are not restricted under the waiver.

The Iowa Plan PIHP is required to mail the information packet within 10 business days of notification of enrollment. Per the October-December 2002 Quality Improvement Report and the December 2002 Performance Indicators report, the packet is been mailed within 2.6 days of enrollment notification.

The PIHP enrollee handbook

- **Advises enrollees how to make a complaint or appeal (Fair Hearing) to either the PIHP or the State. State requires the PIHP to mail handbooks to all new enrollees within 10 days after enrollment (actual time averages 5-6 days).**
- **Lists the toll free, 24-hour, 1-800-number to call with any question and the TDD toll free number.**
- **Lists the types of providers who are available through the Iowa Plan. (An full list of providers name, address, phone numbers is also included in the packet.)**
- **Lists services covered under Iowa Plan and services not covered by Iowa Plan.**
- **Explains how to get care or choose a provider.**
- **Instructs the enrollee to go to an emergency room or call their doctor or provider is they have a mental health or substance abuse condition that if life threatening or requires emergency care.**
- **The booklet describes how the beneficiaries may access mental health and substance abuse services.**
- **Informs the client that if the provider is not part of the Iowa Plan, the beneficiary may get a referral to another provider or have their provider join the network.**

- Instructs an enrollee how to make a complaint to the Iowa Plan and how to file an appeal (fair hearing) with the State.
- Offers assistance if the beneficiary prefers a male or female provider or a provider from a different cultural background.
- Explains the beneficiary's right to change providers.
- Instructs a new enrollee who is in treatment with a non-network provider that they may request their provider join the Iowa Plan or they will need to change to an Iowa Plan provider.
- List enrollees rights to privacy, to be treated with dignity, to be provided with information, to not be discriminated against.

IV. Enrollee Rights:

Upcoming Waiver Period -- Please check any of the processes and procedures in the following list the State requires to ensure that contracting MCOs/PIHPs/PAHPs protect enrollee rights. The State requires:

- a. X [Required] MCOs/PIHPs to have written policies with respect to enrollee rights.
- b. X [Required] Ensures staff and affiliated providers take those rights into account when furnishing services to enrollees
- c. X [Required] Ensure compliance with any applicable Federal and State laws that pertain to enrollee rights (such as Civil Rights Act, Age Discrimination Act, Rehabilitation Act, and Americans with Disabilities Act)
- d. X [Required] The State will assure that each enrollee has the following rights:
 - (i) Receive information on their managed care plan
 - (ii) Be treated with respect, consideration of dignity and privacy
 - (iii) Receive information on treatment options
 - (iv) Participate in decisions regarding care, including right to refuse treatment
 - (v) Be free from any form of restraint or seclusion used as means of coercion, discipline, convenience, retaliation
 - (vi) If privacy rules apply, request and receive copy of medical record and request amendments
 - (vii) Be furnished health care services in accordance with access and quality standards.
- e. X [Required] The State will assure that each enrollee is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the MCO/PIHP/PAHP or its providers treat the enrollee.

f. ___ Other (please describe):

V. Monitoring Compliance with Enrollee Information and Enrollee Rights

Previous Waiver Period

- a. [Required for all elements checked in the previous waiver submittal]
Please include the results from monitoring MCO/PIHP/PAHP enrollee information and rights in the previous two year period, including a summary of any analysis and corrective action taken [items H.IV.a-d of 1999 initial preprint; item A.22 of 1995 preprint, item H.IV. Upcoming Waiver Period, 1999 Waiver Renewal Preprint].

RESPONSE

Reviewed annual newsletters for content, IA, audits, monitoring of enrollee complaints and action by PIHP through QI reports. PIHP was compliant with requirements, no corrective action required.

Upcoming Waiver Period -- Please check any of the processes and procedures the State uses to monitor compliance with its requirements for enrollee information and rights.

- a. X The State tracks disenrollments and reasons for disenrollments or requires MCOs/PIHPs/PAHPs to track disenrollments and reasons for disenrollments and to submit a summary to the State on at least an annual basis.

RESPONSE

Enrollment is automatic and mandatory for Medicaid beneficiaries who are not excluded from enrollment. The State Medicaid eligibility system automatically generates enrollment when Medicaid eligibility is initially identified for each month. Enrollment is based on Medicaid eligibility, if a client loses Medicaid eligibility, they are informed of the ineligibility with timely and adequate notice as required in accordance with rules for the Medicaid eligibility. The notice is "timely" when the notice is mailed at least ten calendar days before the date the action becomes effective. The timely notice period begins on the day after the notice is mailed. An adequate notice is a written notice that includes, the action taken and the reasons for the action, the DHS Employees' manual chapter number and subheading describing the policy basis for the action, the administrative rule reference, information regarding the client's right to request a fair hearing, information that assistance may be continued if an appeal is filed, if applicable and the effective date of the intended action, if applicable.

b. X The State will approve enrollee information prior to its release by the MCO/PIHP/PAHP.

c. X The State will monitor MCO/PIHP/PAHP enrollee materials for compliance in the following manner (please describe):

RESPONSE

Reviewed annual newsletters for content, audits, monitoring of enrollee complaints and action by PIHP through QI reports.

d. X The State will monitor the MCO/PIHP/PAHPs compliance with the enrollee rights provisions in the following manner (please describe):

RESPONSE

Reviewed annual newsletters for content, audits, monitoring of enrollee complaints and action by PIHP through QI reports. Hold weekly meetings, review of materials, review of activities on quarterly basis through QI report.